

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB -7 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001554

1. Limited Liability Company's Name

Splendaur, LLC
3225 Aviation Avenue, Suite #700
Miami, FL 33133-4741

000012233040
02/10/03--01119--003 **205.00

2. Principal Office Address

3. Mailing Office Address

3225 Aviation Avenue

Suite, Apt. #, etc.

Suite #700

City & State

Miami, FL

Zip

33133

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

2/4/2000

6. FEI Number

05-117901

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Will van der Vlugt

Street Address (P.O. Box Number is Not Acceptable)

3225 Aviation Avenue

Suite, Apt. #, Etc.

Suite #700

City

Miami

State

FL

Zip Code

33133

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/6/03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Dutchess Management, Inc.	3225 Aviation Ave., #700	Miami, FL 33133
MEM	Will van der Vlugt	3225 Aviation Ave., #700	Miami, FL 33133

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 2/6/03

Daytime Phone 305-667-1930

Typed or printed name of signing Managing Member/Manager

Will van der Vlugt